

COLORADO METHAMPHETAMINE TASK FORCE

Meeting May 4, 2012

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver

Chair – Attorney General John Suthers

Vice –Chairs:

- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police, Department, North Metro Drug Task Force
- *Treatment* – Marc Condojani, Director of Community Treatment & Recovery Programs, Division of Behavioral Health, CDHS

Attendees: Attorney General John Suthers; José Esquibel; Debra Campeau; Jeanne Smith; Brenidy Rice; Chele Clark; Kelly Perez; Rachel Allen; Dade Woodard; Carmelita Muniz; Elizabeth Hickman; Marc Condojani

Guests: Helen Kaupang; Mike Phelps; Ricardo Tomaselli; Karen Teel; Julia Roguski; Kent MacLennan; Colleen Brisnehan

Introductions:

Attorney Suthers called the meeting to order on May 4, 2012.

Review and Approval of Minutes: March 23, 2012, were approved by motion and approved. (Minutes will stand as corrected).

Announcements from Task Force Members:

Brenidy Rice - In April the Colorado Judicial Department along with partnering agencies put on the 4th annual Best Practice Conference. This conference was attended by over 500 people and focused on putting research to practice. National and local speakers addressed best practices in problem solving courts, community supervision and substance abuse treatment over three days.

Colorado Adult and DUI Courts are currently undoing process and outcome evaluations. This evaluation will include a short process summary for each Adult and DUI Court and outcomes for the State overall. A final report is due by the end of September.

AG Suthers – SB12-163 will come out of session in a different form than how it went into session. AG Suthers met with the Governor and the Denver Post Editorial Board to discuss the concerns and gained support for changes of the bill into a “study bill.” If passed, the bill will require the Colorado Commission on Criminal and Juvenile Justice to conduct a study and have a separate grid for charges. There is not going to be the reduction across the bill. There are issues with the original bill language that will have a negative effect on Drug Courts. Dan Rubinstein did a great deal of research and found

COLORADO METHAMPHETAMINE TASK FORCE

Meeting May 4, 2012

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver

some interesting data to substantiate the impact, basically creating havoc in Drug Courts with the large increase in volume of cases.

Jose Esquibel - Jade and I met with Matt Carpenter of the El Pomar Foundation to update him on the progress of the State Meth Task Force, the Colorado Alliance for Drug Endangered Children and the Rural Law Enforcement Meth Initiative (RLEMI). Appreciation was extended to the foundation for funding the Task Force. El Pomar provides the funds to assist with travel for members that come long distances and for the meetings. We discussed the State Meth Task Force successes in both the policy and practice. Matt encouraged us to contact local partners to meet with representatives of El Pomar Regional Councils; there are 9 across the state, to discuss ideas for implementing the activities from the RLEMI. There is also an option for Colorado DEC to submit a proposal for funding directly to El Pomar Foundation as well. There is need to acquire funds to pay for a coordinator to continue the work started by RLEMI.

Rachel Allen— On April 3rd HB-1284 was introduced, granting municipalities the right to prohibit marijuana dispensaries. Crawford, Fruita and Pierce approved bans on the sale of medical marijuana. Voters in 37 cities and towns throughout the state have approved such bans. Lyon's voters approved the sale within town limits.

Chairman Suthers —Amendment 64 received enough signatures to be on the ballot as an amendment to the state constitution. Marijuana use is going up in Colorado among adolescents and perception of risk of marijuana use is going down.

Letters were sent by the U. S. Attorney General to owners of marijuana dispensaries in Colorado located within 1,000 feet of the school. Each of these closed or were relocated by the required deadline.

Jeannie Smith —One challenge is a lack of data from the school drug offense in determining how many of the offenses are related to marijuana use. Although school drug offenses information is collected and sent to the Colorado Department of Education, not all schools are tracking the offenses related to marijuana. How are we going to track the data? Response: We can follow-up with Joyce Washington who represents the Colorado Department of Education in regard to this issue and discuss this at the next meeting.

SB12-104 —Concerning consolidation of drug treatment funding into the correctional treatment funds. The judicial district drug treatment boards will make suggestions to the board regarding assessed local drug treatment needs.

SB12-116 —This bill defines cathinones and establishes criminal penalties for possession of cathinones and for distributing, manufacturing, dispensing, or selling cathinones. Any person or entity that sells a product that is labeled as a "bath salt" or any other trademark and contains any amount of a cathinone commits a deceptive trade practice and is subject to a civil penalty. Possession is a misdemeanor.

COLORADO METHAMPHETAMINE TASK FORCE

Meeting May 4, 2012

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver

SB12-020 – This bill concerns immunity from certain criminal offenses when a person reports in good faith an emergency drug or alcohol overdose event. This bill will likely pass and will need some clean up.

SB12-117 – This bill concerns the penalties for persons who drive while under the influence of alcohol or drugs. The bill expands the existing definition of “DUI per se” to include driving when the driver’s blood, urine, or saliva contains any amount of a Schedule I controlled substance, except tetrahydrocannabinols, salvia divinorum, or synthetic cannabinoids, and driving when the defendant’s blood contains 5 nanograms or more of delta 9-tetrahydrocannabinol per milliliter in whole blood. This bill has been through the House, but there will be a very interesting battle in the Senate.

Kent MacLennan – The Colorado Meth Project is moving in new directions. A new Website was launch nationally in November. The online presence has generated more interactive contact than the tradition media approaches of billboards and commercials. The Meth Project Website has a number of activities for youth and is loaded with facts and data that reach youth. Web traffic of the Meth Project is up ten times from last year.

There are also a lot of hits to the Meth Project YouTube videos that we have on the main Website. Most of the campaign is moving toward being highly Web-based.

Methproject.org has become a pilot grant for middle schools in district 11 in the springs. We are in the final pilot stages we are looking at building different school districts to help spread the word. The Colorado Meth Project has a teen board and we are looking to bring in another 12 members. The teens are to be the ambassadors in their communities to spread the word in their communities.

Debra Campeau – The Colorado Bar Association Ethics Committee issued Formal Opinion Number 124 regarding “A Lawyers’ Medical Use of Marijuana.” The opinion concludes that **“a lawyer’s medical use of marijuana in compliance with Colorado law does not, in and of itself, violate Rule 8.4(b).¹ Rather, to violate Colo. RPC 8.4(b), there must be additional evidence that the lawyer’s conduct adversely implicates the lawyer’s honesty, trustworthiness, of fitness as a lawyer in other respects.”**

For the full opinion send an e-mail to phil@lasyer.com. Here is a summary:

Introduction – The Colorado Bar Association Ethics Committee (Committee) has been asked to opine whether a lawyer who, under Colorado law, may cultivate, possess, and use small amounts of marijuana solely to treat a debilitating medical condition may do so without violating the Rules. The Committee first summarizes the relevant federal law criminalizing possession and use of marijuana. Next, the Committee summarizes Colorado law applicable to the medical use of marijuana. The Committee then identifies ethics rules and case

COLORADO METHAMPHETAMINE TASK FORCE

Meeting May 4, 2012

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver

law that frame its analysis of when a lawyer's medical use of marijuana may violate the Rules.

The Committee has tried to analyze the ethics issues without being drawn into the public debate about the value or efficacy of medical marijuana. There are strong opinions for and against the medical use of marijuana. The conflict between federal and state law is just one example.

The Committee recognizes that the public discourse about the use of marijuana, even medical marijuana, frequently considers the issue of impairment. Use and misuse of marijuana – or, for that matter, any other psychoactive substance, including alcohol, prescription medications, and certain over-the-counter drugs – even with permitted by law, can affect a lawyer's reasoning, judgment, memory, or other aspects of the lawyer's physical or mental abilities. A lawyer's medical use of marijuana, like the use of any other psychoactive substance, raises legitimate concerns about a lawyer's professional competence and ability to comply with obligations imposed by the ethics rules. Consequently, this opinion includes a discussion of the Rules and relevant ethics opinions addressing lawyer impairment.

Our conclusion is limited to the narrow issue of whether personal use of marijuana by a lawyer/patient violates Colo. RPC 8.4(b). This opinion does not address whether a lawyer violates Rule 8.4(b) by counseling or assisting clients in legal matters related to the cultivation, possession, or use by third parties of medical marijuana under Colorado law.

Syllabus –Federal law treats the cultivation, possession, and use of marijuana for any purpose, even a medical one, as a crime. While Colorado law also treats the cultivation, possession, and use of marijuana as a crime, it nevertheless permits individuals to cultivate, possess, and use the small amounts of marijuana for the treatment of certain debilitating medical conditions. Cultivation, possession, and use of marijuana solely for medical purposes under Colorado law, however, does not guarantee an individual's protection from prosecution under federal law. Consequently, an individual permitted to use marijuana for medical purposes under Colorado law may be subject to arrest and prosecution for violating federal law.

This opinion concludes that a lawyer's medical use of marijuana in compliance with Colorado law does not, in and of itself, violate Rule 8.4(b).¹ Rather, to violate Colo. RPC 8.4(b), there must be additional evidence that the lawyer's conduct adversely implicates the lawyer's honesty, trustworthiness, of fitness as a lawyer in other respects.

A lawyer's use of medical marijuana in compliance with Colorado law may implicate additional Rules, including Colo. RPC 1.1, 1.16(a)(2), and 8.3(a). Colo. RPC 1.1 is

COLORADO METHAMPHETAMINE TASK FORCE

Meeting May 4, 2012

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver

violated where a lawyer's use of medical marijuana impairs the lawyer's ability to provide competent representation. If a lawyer's use of medical marijuana materially impairs the lawyer's ability to represent the client, Rule 1/16(a)(2) requires the lawyer to withdraw from the representation. If another lawyer knows that a lawyer's use of medical marijuana has resulted in a Colo. RPC violation that raises a substantial question as to the using lawyer's honesty, trustworthiness or fitness as a lawyer in other respects, then the other lawyer may have a duty under Colo. RPC 8.3(a) to report those violations to the appropriate disciplinary authority.

¹ Under Colo. RPC 8.4(b), it is "professional misconduct" for a lawyer to "commit a criminal act that reflects adversely on the lawyer's honesty, trustworthiness or fitness as a lawyer in other respects."

SB12-162 – Meth Lab Training and Certification

Colleen Brisnehan, CDPHE, Environmental Protection Specialist

SB12-162 is scheduled to be in House Judiciary this afternoon. As discussed in the previous SMTF meeting, there were concerns with the bill as it was introduced, but the Colorado Department of Public Health and Environment (CDPHE) worked closely with the sponsor on an amendment on revisions.

SB162, as amended, would establish a training and certification program for meth lab cleanup contractors and consultants, providing property owners with a way to ensure that contractors and consultants are qualified. The bill would give CDPHE authority to enforce against cleanup contractors and consultants who do not comply with the requirements of the cleanup regulation established by the Board of Health (in 2005).

There are currently no training or experience requirements for meth lab cleanup contractors, and minimal qualifications for consultants (they must be industrial hygienists), none of which are specific to meth labs. In areas with no local oversight (which is the case in most areas of the state) property owners have no way to know if contractors and consultants are qualified and are properly cleaning up the property. In many cases, it is not until they try to sell the property that they find out the property is still contaminated. Often, legal action is the only recourse.

Post Script: SB12-162 did not pass out of House Judiciary. CDPHE anticipates that there will be another attempt at establishing a meth lab training and certification program during the next legislative session.

National Pharmaceutical Drug Take Back Follow-up

Helen Kaupang, Diversion Group Supervisor

U.S Drug Enforcement Administration, Denver Field Office

April 28, 2012 was the fourth event held to "Take Back" pharmaceutical drugs. Nationally almost nine tons of drugs were turned in. In Colorado 17,775 pounds were

COLORADO METHAMPHETAMINE TASK FORCE

Meeting May 4, 2012

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver

turned in. Montana had 1,900 pounds, Utah 5,016, and Wyoming collected a total of 25,915 pounds. It was a successful day! Colorado had 96 community partner registrations, which reflected collaboration between more than 96 local law enforcement agencies and 126 event locations. This year we were able to make some headway into retirement communities and homes.

Each drop off site was run by the agency that registered that site. The DEA sent people out to the drop off sites, but it is set up and ran by the local agencies. At the Sky Ridge facility we collected 300 pounds!!

There are three DEA offices in Colorado: Denver, Colorado Springs and Grand Junction. The staff of these offices coordinated on the pickup of the pharmaceuticals. The DEA staff just finished picking up the Denver area, and will conduct the pickup tomorrow in Colorado Springs, and then go to Grand Junction before taking everything to Utah for destruction at the Wasatch Integrated WM District in Layton, Utah. There is an unfortunately delay and the DEA was informed that the actual incineration of material will occur in June.

The funding for this program will be coming to an end, but given the success of the program, we can't believe that this program be discontinued. We need to keep pushing out the message and give people a way to get rid of these drugs. We think that with regulation and the new regulations being written that this program will continue.

Access to Recovery (ATR) and Bringing Recovery Efforts to Scale Planning Grant

Bert Singleton, Division of Behavioral Health

Colorado Department of Human Services

Update on ATR we finished up on the first grant ATR II.

- The key components of the Access to Recovery Grant are vouchers, choice and involvement of faith based organizations, and data collection follow-up. Due to the voucher and having to give two choices for treatment, it made it hard to get the program outside of Denver Metro area.
- Most of our clients were meth users. We exceeded our goals with services to over 6,000 individuals. We showed significant improvement in lifestyle. Treatment services most expensive. For example dental work and residential care took a lot of money. We had to reduce services for dental and suboxone, as well residential treatment.
- We were lucky to get the ATR III and the recovery support of this grant.
- We were to get \$4 million a year but the federal budget was cut, plus the feds increased the number of people we need to serve by 25%.

COLORADO METHAMPHETAMINE TASK FORCE

Meeting May 4, 2012

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver

- We are looking at the rural and the military outreach. We are looking at serving military personnel coming back from the war and with a brain injury; often they are self-medicating and this can cause other physical, psychological and social problems.
- Colorado received \$3,335,000 per year for four years, plus \$250,000 from the Substance Abuse Prevention and treatment Block Grant assigned by the Division of Behavioral Health.
- We currently have reached the target number of clients for years one and two and we are out of money, but we are still looking at outreach for the military.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) *Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS)* awarded Bringing Recovery Supports to Scale grants to 8 states. The purpose of the award is to assist the states in designing and implementing strategic policies, practices, financing mechanisms, and infrastructure improvements to promote the implementation of recovery-oriented supports, services, and systems.

BRSS TACS awards will provide support to develop a BRSS Action Plan for the state, inclusive of:

- \$50,000, six-month subcontract award to support the implementation of concrete action steps that will establish, enhance, and sustain recovery supports in their State, Territory, or Tribal jurisdiction, and
- ongoing technical assistance, in the form of consultation, training webinars, and an online learning community, to support Teams as they implement their BRSS Action Plan throughout the award period.

Through the Recovery Support Strategic Initiative, SAMSHA has delineated four major dimensions that support a life in recovery:

- | | |
|-----------|--------------|
| 1. Health | 3. Purpose |
| 2. Home | 4. Community |

Colorado BRSS TACS

- There is a twelve person team representing the Colorado Department of Human Services, Colorado Department of Health Care Policy and Finance, Colorado Federation of Parents for Children's Mental Health, Advocates for Recovery, National Guard, Phoenix Multisport, Mental Health America, Colorado Providers Association, OMNI, DHHA and the Denver Interfaith Initiative. If you are interested in being part of this board, please contact Bert.
- We find that the resource specialist is the most important to the client. We also know the supportive housing is very important. We call it supportive housing and not sober housing. The clients must be very active in the house.
- The timeline must be submitted by the end of May. Then the six months will start from there, if they approve it.

COLORADO METHAMPHETAMINE TASK FORCE

Meeting May 4, 2012

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver

Comment:

CPC/Lifeline – is a new cocaine committee that is looking for options to coming out of treatment. We are looking at ways to bridge the gaps especially in the 30-days from following discharge from treatment. Cocaine Anonymous is looking at all drugs not just cocaine.

Substance Exposed Newborns Subcommittee (SEN)

Follow-up on HB12-1100, Pregnancy and Evidence of Substance Use

Next Steps on Paper and Recommendations

Jade Woodard, Executive Director, Colorado DEC

The State legislature has passed HB 12-1100 and the Governor Hickenlooper signed it.

This SEN committee has been working on this issue since 2009. As the white paper states in its purpose, the aim “is to clearly identify the challenges of addressing the problem of substance exposed newborns and provide information and recommendations that will help policy makers, service providers, and other interested parties in Colorado meet CAPTA requirements.” We are using the National Center for Substance Abuse and Child Welfare’s “Five Points of Intervention,” which are periods of time in which intervention can reduce the potential harm of prenatal and post-natal substance use by women. The SEN Steering Committee’s work is structured around these points. The points are:

- | | |
|------------------|------------------------------|
| 1. Pre-pregnancy | 4. Neonatal |
| 2. Prenatal | 5. Childhood and Adolescence |
| 3. Birth | |

The paper builds on the intervention opportunities at each of the five points. As stated in the ending paragraph on the paper” The recommendations in this paper are designed to respond to the unique needs of each individual family, honor the limitations of each discipline, and encourage collaboration between disciplines to the extent possible. They are the result of an extensive literature review, lessons learned through the Colorado Systems Integration Model for Infants Project (funded by DHHS Children’s Bureau - Grant #90CB0153), and expert opinions represented by members of the Colorado Substance Exposed Newborns Steering Committee. Recommended interventions are meant to impact families beyond the single point at which they occur and ensure a future that is safe, healthy, and successful for both the child and the family.”

The committee would now like to present to the State Meth Task Force the final version of the *SEN Policy and Practice Recommendations for Identification, Screening, Assessment and Intervention of Alcohol & Other Drug Use during Pregnancy and the Postnatal Period* and the committee is asking for approval to move this paper and recommendations forward.

COLORADO METHAMPHETAMINE TASK FORCE

Meeting May 4, 2012

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver

A motion was made to approve the SEN Policy and Practice Recommendations for Identification, Screening, Assessment and Intervention of Alcohol & Other Drug Use during Pregnancy and the Postnatal Period. The motion was seconded and approved. This paper and recommendations are approved.

What are the plans to move this forward?

- We are asking members of this task force to look through the paper and pull out area of interest and help move it forward. We are looking for three or four items to concentrate on for next steps. The barriers are not just policy. The goal of the paper was to put in all in one place and they separate the issues to the groups that can work on it. We are definitely looking at this group to help us move it forward.
- The biggest area of need is in regard child protection with this legislation. We need to figure how the child welfare issues will come into play. Because of a positive test of a woman that has been in treatment and the child's home is clean and safe, they do this testing and the child gets taken away once the baby is born. This is a very complicated issue.
- We will contact this group to discuss priorities they want to continue working on.
- Currently we are working with OBYGN on doing screening, brief intervention and referral to treatment (SBIRT).
 - One of the issues we are finding is that OBYGN's are not going to do the testing if we can't get them into treatment,. We are working on this issue and hoping to find a way to do the referral.
- We are working with the Child First.
- Is there a consent issue on HB1100? In South Carolina women were being tested against their will and then being turned over. There are some clinics will need consent and other will not. This data is all pre birth of children. Once the baby is born then it will be different.
- Do you have any ideas to the rural areas? In the northeast areas it will probably be best to work with us. Liz Hickman, early childhood council would be another group to work with.
- There will be a great deal of training on both the doctors and the clients' area. Also look to the rural health.

The Colorado Alliance of DEC is hosting the 3rd Annual Spring Spree happening tonight. Come and join us at the Butterfly Pavilion. It is a powerful event.

Extension of the State meth Task Force After 2013

- Since we only have six more meetings before the SMTF legislation sunsets, we need to plan what the SMTF members want to do. Do we want to ask for an extension and if so we will need to do this in the 2013 session.
- We will need to think about our role. What makes our group unique? There are a number of groups doing this type of work. We have representation from a huge number of groups. What about who is keeping an eye on the drug trends? We have

COLORADO METHAMPHETAMINE TASK FORCE

Meeting May 4, 2012

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver

the dashboard that we are using to track trends. Do we combine this group with others?

- In Colorado Springs we're working with more synthetic drugs. This is going to continue to be an issue in this state. I think bringing this issue under the umbrella of this group would be great.
- The value of this group is that we are collaborating and sharing with the other groups/board that we are part of. We can bring all the issues to these groups. We also see the legislators bringing our message to the house and senate. We have the Attorney General chairing our group and we can move things forward with this.
- This group has taken on a broader mantle and if we move for an extension we need to have that be more legislative, perhaps change the name of this group. We are talking on more than just meth. We can revise the membership and who should be here at the table. We agreed that we wanted to look at the trends and not just the drug to move things forward and stop things before they get totally out of hand.

Comments:

- This group is unique including the visitors that attend. In attending other groups, there is a limitation to what they are taking on; this group is broader in that respect. Should we expand the membership to include federal people?
- Yes, there is a unique combination of people at this table – yes there is state agency representation at this table and we focus on the impact on the communities.
- The consensus is that we need to look forward in the next year. Who we are missing at the table? Who do we need to have at the table? This Task Force has not cost legislation any money but it would be nice to get some foundation money to support us for the next couple of years.
- The next two meetings we need to make some suggestions. What do we want to say in legislation and who do we want to carry the bill?
- Not sure where legislation needed up, legislation that the cops brought to us. Need more state participation before Colorado will jump on board. There are some concerns that vendors are jumping on board to push this forward versus HB 1325, which is still out there. We would like to have Val give us a presentation on this issue.
- Big issue is meth lab clean up.
- Governor is co-chairing a prescription drug abuse committee of the National Governor's Association along with the governor of Maryland, this is just starting.
- We have very limited access to some of the information.
- We do have some great system in place for tracking prescriptions, but they do not work well with the military. How do the military and public pharmacists communicate with each other?
- We do want to do letters of appreciation to rural law enforcement.
- We may just want to pull the group back together just to get an update on this project.
- Letters of appreciation Rural Law Enforcement Meth Initiative were signed by Ag Suthers.

COLORADO METHAMPHETAMINE TASK FORCE

Meeting May 4, 2012

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver

Next meeting:

August 3, 2012, Colorado Municipal League